				Complete if Known		
	for form 1449/PT	O		Application Number	10/542,948	
(Revised 07/2005)				Filing Date	July 21, 2005	
INFORMATION DISCLOSURE				First Named Inventor	Emmanuelo Legrand	
				Group Art Unit	3723	
STA	TEMENT 1	BY APPLI	CANT			
(Use as many sheets as necessary)			ע)	Examiner Name	Alvin J. Grant	
Sheet	1	of	2	Attorney Docket Number	047578/294904	

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Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE				Complete if Known					
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STAT	EME	NT BY APPL	ICANT						
(Use as many sheets as necessary)				Examiner Name		Alvin J. Grant			
Sheet	2	of	2	Attorney Docket N	Attorney Docket Number 047578/29490)4		
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Examiner		1			Date				
Signature					Consi	dered			

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